

PTO/SB/22 (10-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 5/1313
FY 2005 <small>(fee effective on or after October 1, 2004)</small>		
Application Number 10/051,412		Filed January 17, 2002
For Carboxylic Acid Amides Having Antithrombotic Activity		
Art Unit 1626		Examiner Rebecca L. Anderson
This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110	\$55 \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430	\$215 \$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980	\$490 \$ <u>980.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1530	\$765 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080	\$1040 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2855</u> . I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,016</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
Registration number if acting under 37 CFR 1.34 _____		
<u>Susan K. Pocchiarini</u> Signature		November 11, 2004 Date
Susan K. Pocchiarini		203-798-5648 Telephone Number
Typed or printed name		Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

for fee
only

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